

Colorado Department of Public Health and Environment

PrEP Brief Screening¹

		Column A	Column B
1	Are you living with HIV or AIDS?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
2	Are you in a monogamous partnership with a recently tested, HIV-negative partner?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
3	Have you had vaginal or anal sex in the past 6 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Have you injected drugs not prescribed by a doctor in the past six months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Are you in an ongoing sexual relationship with an HIV-positive partner?	<input type="checkbox"/> Yes → If YES, questions 7 - 9 do not need to be asked	<input type="checkbox"/> No
6	Did you exchange sex for something of value?	<input type="checkbox"/> Yes, in the past 180 days → If YES, questions 7 - 9 do not need to be asked	<input type="checkbox"/> Yes, but more than 180 days ago <input type="checkbox"/> No/Never
7	Are you a man who has sex with men And you had condomless anal sex, either insertive (top) or receptive (bottom)? ... And you have been diagnosed with a sexually transmitted infection?	<input type="checkbox"/> Yes, in the past 180 days <input type="checkbox"/> Yes, in the past 180 days	<input type="checkbox"/> Yes, but more than 180 days ago <input type="checkbox"/> No/Never <input type="checkbox"/> Yes, but more than 180 days ago <input type="checkbox"/> No/Never
8	Have you had sex with someone of the opposite sex And you had condomless sex with a man who has sex with other men? ... And you had condomless sex with a man or woman who injects drugs?	<input type="checkbox"/> Yes, in the past 180 days <input type="checkbox"/> Yes, in the past 180 days	<input type="checkbox"/> Yes, but more than 180 days ago <input type="checkbox"/> No/Never <input type="checkbox"/> Yes, but more than 180 days ago <input type="checkbox"/> No/Never
9	Have you injected drugs not prescribed by a doctor And you injected by using needles, syringes, or other drug preparation equipment that had already been used by another person? ... And you have been in a methadone or other medication-based drug treatment program?	<input type="checkbox"/> Yes, in the past 180 days <input type="checkbox"/> Yes, in the past 180 days	<input type="checkbox"/> Yes, but more than 180 days ago <input type="checkbox"/> No/Never <input type="checkbox"/> Yes, but more than 180 days ago <input type="checkbox"/> No/Never

For PrEP to be indicated:

- ✓ There must be NO checkmarks in Column B for questions 1 and 2
- ✓ There must be AT LEAST ONE checkmark in Column A for questions 3 and 4. If both of these questions are marked “no” it is not necessary to complete the remainder of the PrEP Screen.
- ✓ There must be AT LEAST ONE checkmark in Column A for questions 5 through 9

NOTE: If the answer to Question 5 or 6 is YES, then questions 7 through 9 may be skipped.

¹ Based on CDC’s 2014 Clinical Practice Guideline, Pre-exposure Prophylaxis for the Prevention of HIV Infection in the United States
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